

LLMEA

Lancaster Lebanon Music Educators Association

STUDENT FESTIVAL MEDICAL INFORMATION FORM

Student Name: _____ Date: _____

Gender: _____ Grade: _____ Age: _____ Date of Birth: _____

Home Address: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Area Code and Telephone

Number: _____

School _____ Director's Name _____

Father's Full Name: _____

Work Phone: _____ Hours: _____

Mother's Full Name _____

Work Phone _____ Hours: _____

Stepparent/Guardian's Full Name: _____

Work Phone: _____ Hours: _____

Is the Student currently under Medical Treatment? Yes No

If Yes, please describe the nature of the treatment and the Doctor's name and telephone number:

Is the Student currently taking any medication? Yes No

If Yes, please describe the name of the medication, reason it is given, Doctor's name and telephone number:

List any ailments of which the school nurse or medical personnel should be aware (examples: allergies, diabetes, heart condition):

_____ Date of Last Tetanus Shot _____

Name of Health Insurance: _____

Address _____ Phone # _____

Name of Guarantor: _____ Agreement #: _____

Name of Employer: _____ Group #: _____
(if group insurance)

Address _____ Phone # _____

FIRST AID / EMERGENCY TREATMENT AUTHORIZATION

If the school nurse or festival host director cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

(1) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

(2) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

If none of the above can be reached by phone, **WHAT DO YOU WISH THE SCHOOL PERSONNEL OR FESTIVAL HOST TO DO** in case the child is sick or injured?

IF EMERGENCY TREATMENT IS REQUIRED, may the school authorities, festival host, or designee use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached?

Yes

No

If no, name preferred hospital: _____

If no, name preferred doctor: _____

I understand that in the final disposition of an emergency case, the judgment of the host school authorities will prevail. The recommendation of the parent / guardian, as indicated above, will be respected as far as possible. **I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE STUDENT'S DIRECTOR AND/OR FESTIVAL HOST DIRECTOR, IN WRITING, IN THE EVENT THAT THE INFORMATION CONTAINED HEREIN CHANGES.**

Signature of parent/guardian

Date

The host director or designated representative has permission to dispense (circle as allowed):

Aspirin, Tylenol, Antacid, Other (be specific): _____ to my son/daughter.

Signature of parent/guardian

Date